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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
VALLEY PRESBYTERIAN HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
15107 VANOWEN STREET

City or town, state or province, country, and ZIP or foreign postal code
VAN NUYS, CA 91405

F Name and address of principal officer:
GUSTAVO VALDESPINO
15107 VANOWEN STREET
VAN NUYS, CA 91405

D Employer identification number
95-1945832

E Telephone number
(818) 782-6600

G Gross receipts \$ 644,552,492

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.VALLEYPRES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1948

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE QUALITY OF HEALTH IN THE SAN FERNANDO VALLEY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,072

6 Total number of volunteers (estimate if necessary) 6 396

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 341,214 4,882,100

9 Program service revenue (Part VIII, line 2g) 36,497,929 470,939,417

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,245,068 7,539,615

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 323,099 3,316,774

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,407,310 486,677,906

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 46,933 289,401

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 22,643,798 156,462,284

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 27,268,358 226,842,267

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 49,959,089 383,593,952

19 Revenue less expenses. Subtract line 18 from line 12 -10,551,779 103,083,954

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 377,948,785 513,064,474

21 Total liabilities (Part X, line 26) 106,442,784 102,067,850

22 Net assets or fund balances. Subtract line 21 from line 20 271,506,001 410,996,624

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
JANICE KLOSTERMEIER SVP OF FINANCE & CFO
Type or print name and title

2020-11-03
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-10-29 Check ☐ if self-employed PTIN P00545829

Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶ 91-0189318

Firm's address ▶ 10960 WILSHIRE BLVD SUITE 1100
LOS ANGELES, CA 90024 Phone no. (310) 477-0450

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO IMPROVE THE QUALITY OF HEALTH IN THE SAN FERNANDO VALLEY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

| | |
|-----------|--|
| 4a | (Code:) (Expenses \$ 365,533,974 including grants of \$ 289,401) (Revenue \$ 470,939,417) |
| | See Additional Data |

| | |
|-----------|--|
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
|-----------|--|

| | |
|-----------|--|
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
|-----------|--|

| | | |
|-----------|--|---|
| 4d | Other program services (Describe in Schedule O.) | (Expenses \$ including grants of \$) (Revenue \$) |
|-----------|--|---|

| | | |
|-----------|---|-------------|
| 4e | Total program service expenses ▶ | 365,533,974 |
|-----------|---|-------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|---|------------|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|-----------|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 463 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 19 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 19 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JANICE KLOSTERMEIER 15107 VANOWEN STREET VAN NUYS, CA 91405 (818) 782-6600

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

| | | | |
|--|-----------|---|---------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 5,515,960 | 0 | 833,645 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 430

| | | Yes | No |
|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|--|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| CARDINAL HEALTH PHARMACY SVCS LLC 21377 NETWORK PLACE CHICAGO, IL 60673 | HEALTHCARE MANAGEMENT | 6,969,216 |
| SODEXO INC 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878 | HEALTHCARE MANAGEMENT | 3,023,661 |
| ST VINCENT ANESTHESIA MED GRP INC 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | ANESTHESIA SERVICES | 2,371,363 |
| AV CONSTRUCTION INC 18444 WARD STREET FOUNTAIN VALLEY, CA 92708 | CONSTRUCTION | 2,041,734 |
| CONIFER HEALTH SOLUTIONS 1596 WHITEHALL ANNAPOLIS, MD 21409 | CAPITATION MANAGEMENT | 2,035,127 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 120

| | | | | | | |
|--|--|--|---|----------------------------------|---|---------|
| Form 990 (2019) | | Page 9 | | | | |
| Part VIII | | Statement of Revenue | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | |
| | | (A) | (B) | (C) | (D) | |
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 128,500 | | | |
| | d Related organizations | 1d | 2,223,445 | | | |
| | e Government grants (contributions) | 1e | 1,917,168 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 612,987 | | | |
| | g Noncash contributions included in lines 1a - 1f: \$ | 1g | | | | |
| | h Total. Add lines 1a-1f ▶ | | 4,882,100 | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2a NET PATIENT SERVICE REVENUE | 622110 | 376,246,182 | 376,246,182 | | |
| | b CAPITATION PREMIUM REVENUE | 622110 | 88,727,057 | 88,727,057 | | |
| | c OTHER OPERATING REVENUE | 622110 | 5,966,178 | 5,966,178 | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue. | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | 470,939,417 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 7,517,719 | | 7,517,719 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | |
| | | 6a | 302,507 | | | |
| | | b Less: rental expenses | 6b | 0 | | |
| | | c Rental income or (loss) | 6c | 302,507 | | |
| | d Net rental income or (loss) ▶ | | 302,507 | | 302,507 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | 7a | 157,719,121 | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 157,697,225 | | |
| | | c Gain or (loss) | 7c | 21,896 | | |
| | d Net gain or (loss) ▶ | | 21,896 | | 21,896 | |
| | 8a Gross income from fundraising events (not including \$ 128,500 of contributions reported on line 1c). See Part IV, line 18 | 8a | 356,995 | | | |
| | | b Less: direct expenses | 8b | 177,361 | | |
| | | c Net income or (loss) from fundraising events ▶ | | 179,634 | | 179,634 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | | b Less: direct expenses | 9b | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| b Less: cost of goods sold | | 10b | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a CAFETERIA REVENUE | | 722514 | 1,460,197 | | 1,460,197 | |
| b PARKING REVENUE | | 812930 | 1,249,785 | | 1,249,785 | |
| c GIFT SHOP REVENUE | | 453220 | 124,651 | | 124,651 | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▶ | | 2,834,633 | | | | |
| 12 Total revenue. See instructions ▶ | | 486,677,906 | 470,939,417 | 0 | 10,856,389 | |

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 289,401 | 289,401 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 5,072,151 | 1,205,159 | 3,866,992 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 124,268,917 | 121,664,196 | 2,604,721 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 3,852,872 | 3,653,285 | 199,587 | |
| 9 Other employee benefits | 13,962,944 | 12,627,191 | 1,335,753 | |
| 10 Payroll taxes | 9,305,400 | 9,046,419 | 258,981 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,078,218 | | 1,078,218 | |
| c Accounting | 210,000 | 210,000 | | |
| d Lobbying | 99,050 | 99,050 | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 199,403 | | 199,403 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 48,078,588 | 45,793,528 | 2,285,060 | |
| 12 Advertising and promotion | 99,380 | 1,955 | 97,425 | |
| 13 Office expenses | 9,187,525 | 7,859,726 | 1,327,799 | |
| 14 Information technology | 5,134,576 | 4,876,307 | 258,269 | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,157,661 | 4,157,661 | | |
| 17 Travel | 322,251 | 67,555 | 254,696 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 97,439 | 58,426 | 39,013 | |
| 20 Interest | 879,996 | | 879,996 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 10,292,514 | 9,774,801 | 517,713 | |
| 23 Insurance | 2,958,965 | 2,810,129 | 148,836 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CAPITATION EXPENSES | 57,297,402 | 57,297,402 | | |
| b PROVIDER PROGRAM FEES | 49,075,898 | 49,075,898 | | |
| c MEDICAL SUPPLIES | 28,863,181 | 28,863,257 | -76 | |
| d OTHER CONTROLLABLE EXP | 8,804,719 | 6,097,127 | 2,707,592 | |
| e All other expenses | 5,501 | 5,501 | | |
| 25 Total functional expenses. Add lines 1 through 24e | 383,593,952 | 365,533,974 | 18,059,978 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest-bearing | | 13,099,203 | 1 | 2,996,635 | |
| | 2 | Savings and temporary cash investments | | 9,533,578 | 2 | 7,642,277 | |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 904,380 | |
| | 4 | Accounts receivable, net | | 29,316,355 | 4 | 32,454,644 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | 5,186,151 | 8 | 5,404,128 | |
| | 9 | Prepaid expenses and deferred charges | | 6,032,555 | 9 | 4,433,069 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 330,173,967 | | | |
| | b | Less: accumulated depreciation | 10b | 217,937,772 | 108,706,895 | 10c | 112,236,195 |
| | 11 | Investments—publicly traded securities | | 198,469,451 | 11 | 261,640,305 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 7,604,597 | 15 | 85,352,841 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 377,948,785 | 16 | 513,064,474 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 53,153,327 | 17 | 47,679,567 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 11,143,322 | 19 | 0 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 15,909,330 | 23 | 14,748,430 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 26,236,805 | 25 | 39,639,853 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 106,442,784 | 26 | 102,067,850 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 271,173,645 | 27 | 409,236,081 | |
| | 28 | Net assets with donor restrictions | | 332,356 | 28 | 1,760,543 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 271,506,001 | 32 | 410,996,624 | |
| 33 | Total liabilities and net assets/fund balances | | 377,948,785 | 33 | 513,064,474 | | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 486,677,906 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 383,593,952 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 103,083,954 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 271,506,001 |
| 5 | Net unrealized gains (losses) on investments | 5 | 36,406,669 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 410,996,624 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 95-1945832

Name: VALLEY PRESBYTERIAN HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GUSTAVO VALDESPINO PRESIDENT AND CEO | 40.00 1.00 | | | X | | | | 815,687 | 0 | 221,433 |
| LORI CARDLE SVP AND COO | 40.00 0.00 | | | X | | | | 878,696 | 0 | 140,202 |
| LORI L BURNELL SVP AND CNO | 40.00 0.00 | | | X | | | | 641,458 | 0 | 90,273 |
| DEBORAH GAC VP, HUMAN RESOURCES | 40.00 0.00 | | | X | | | | 528,546 | 0 | 59,470 |
| CLYDE WESP SVP AND CMO | 40.00 0.00 | | | X | | | | 406,950 | 0 | 62,168 |
| JANICE KLOSTERMEIER SVP OF FINANCE & CFO | 40.00 1.00 | | | X | | | | 384,820 | 0 | 79,510 |
| JEFFREY ALLPORT VP AND CIO | 40.00 0.00 | | | X | | | | 311,561 | 0 | 77,903 |
| MARY RIEDINGER DIRECTOR, EDUCATION DEPT | 40.00 0.00 | | | | | X | | 275,378 | 0 | 24,788 |
| GWENDOLYN CHAMBERS INTERIM VP, HUMAN RESOURCES | 40.00 0.00 | | | X | | | | 296,400 | 0 | 0 |
| STARR K WILLIAMS III PHARMACIST | 40.00 0.00 | | | | | X | | 245,174 | 0 | 20,603 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| TAIWO M FANU RN | 40.00 0.00 | | | | | X | | 222,357 | 0 | 18,514 |
| RYAN DALLAS DIRECTOR, MATERIALS MANAGEMENT | 40.00 0.00 | | | | | X | | 225,501 | 0 | 14,447 |
| TOM KIM DIRECTOR, ACCOUNTING DEPT. | 40.00 0.00 | | | | | X | | 216,278 | 0 | 23,034 |
| KEITH STANHILL VP, HUMAN RESOURCES | 40.00 0.00 | | | X | | | | 67,154 | 0 | 1,300 |
| GREG KAY MD CHAIRMAN | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| ALEX GUERRERO TREASURER | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DAVID ADELMAN SECRETARY | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| DAVID CHANDLER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DAVID FLEMING CHAIRMAN EMERITUS | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| DIANNE F HARRISON PHD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LUCA JACOBELLIS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| PETER KOETTERS MD DIRECTOR / CHIEF OF STAFF | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MATTHEW MISCHEL MD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| TODD MOLDAWER MD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ROBERT C MYRTLE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BRIAN OSTICK DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| GANESA PANDIAN MD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| KEVIN RICE MD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ELLEN RILEY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| MERRYLL MCELWAIN DIRECTOR (FROM 12/11/19) | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

| | | | | | | | |
|---|---|----------|----------|----------|----------|----------|-----------|
| Section A. Public Support | | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Section B. Total Support | | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |
| Section C. Computation of Public Support Percentage | | | | | | | |
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | | | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 1 | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 2 | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 3a | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3b | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 3c | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 4a | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4b | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 4c | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5a | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5b | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 6 | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | |
| 7 | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9a | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10a | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| 10b | | |

Part IV

Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID:
Software Version:
EIN: 95-1945832
Name: VALLEY PRESBYTERIAN HOSPITAL

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|--|
| Name of the organization VALLEY PRESBYTERIAN HOSPITAL | Employer identification number 95-1945832 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|---|---|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | \$ |
| 3 | Volunteer hours for political campaign activities (see instructions) | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV. | |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| | | |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | \$ |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b | \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | |

| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|----------|-------------|---------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | |
| Not over \$500,000 | 20% of the amount on line 1e. | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | |
| Over \$17,000,000 | \$1,000,000. | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 99,050 |
| j | Total. Add lines 1c through 1i | | | 99,050 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|--|
| PART II-B, LINE 1: | THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE CALIFORNIA HOSPITAL ASSOCIATION (CHA), HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA (HASC), AND PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS, INC. (PEACH). A PORTION OF THE DUES PAID ARE USED FOR LOBBYING ACTIVITIES BY CHA, HASC AND PEACH ON BEHALF OF THEIR MEMBERS. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,587,222 | | 1,587,222 |
| b Buildings | | 169,890,763 | 104,900,233 | 64,990,530 |
| c Leasehold improvements | | 2,030,062 | 1,965,667 | 64,395 |
| d Equipment | | 132,922,381 | 111,071,872 | 21,850,509 |
| e Other | | 23,743,539 | | 23,743,539 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 112,236,195 |

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | | |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) OTHER RECEIVABLES | 4,447,331 |
| (2) WORKERS COMP RESERVE | 140,223 |
| (3) DEPOSITS | 2,753,891 |
| (4) INVESTMENT IN MSO | 1,452,034 |
| (5) HOSPITAL FEE PROGRAM RECEIVABLE | 76,559,362 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | 85,352,841 |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 39,639,853 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

| | |
|------------------|---|
| Part XIII | Supplemental Information (continued) |
|------------------|---|

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| | | |
|------------------------------------|--|---------------------------|
| SCHEDULE G (Form 990 or 990-EZ) | <div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No. 1545-0047 |
| | | 2019 |
| | | Open to Public Inspection |

| | |
|--|--|
| Name of the organization VALLEY PRESBYTERIAN HOSPITAL | Employer identification number 95-1945832 |
|--|--|

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|------------------------------------|-------------------------------------|------------------|---------------------------------|
| | | GALA DINNER (event type) | GOLF CLASSIC (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 273,150 | 212,345 | | 485,495 |
| | 2 Less: Contributions | 76,900 | 51,600 | | 128,500 |
| | 3 Gross income (line 1 minus line 2) | 196,250 | 160,745 | | 356,995 |
| | | | | | |
| Direct Expenses | 4 Cash prizes | | 844 | | 844 |
| | 5 Noncash prizes | 550 | 22,091 | | 22,641 |
| | 6 Rent/facility costs | | 25,302 | | 25,302 |
| | 7 Food and beverages | 71,244 | 5,006 | | 76,250 |
| | 8 Entertainment | 4,000 | | | 4,000 |
| | 9 Other direct expenses | 31,997 | 16,327 | | 48,324 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 177,361 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 179,634 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|---|---|---|---|--|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

| | | | |
|------------|--|-----------------------------------|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ | | |
| c | If "Yes," enter name and address of the third party: | | |
| | Name ► | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided ► | | |
| | <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| 17 | Mandatory distributions: | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| | | |
|--|------------------|--|
| SCHEDULE H (Form 990) | Hospitals | OMB No. 1545-0047 |
| Department of the Treasury Internal Revenue Service | | 2019 Open to Public Inspection |
| Name of the organization VALLEY PRESBYTERIAN HOSPITAL | | Employer identification number 95-1945832 |

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | |
|--|-----------|------------|-----------|
| | | Yes | No |
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b If "Yes," was it a written policy? | 1b | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>35000.0000000000 %</u> | 3a | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b If "Yes," did the organization make it available to the public? | 6b | Yes | |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 123,267 | | 123,267 | 0.030 % |
| b Medicaid (from Worksheet 3, column a) | | | 315,906,267 | 275,892,935 | 40,013,332 | 10.560 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 10,491,283 | | 10,491,283 | 2.770 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 326,520,817 | 275,892,935 | 50,627,882 | 13.360 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 1,304,988 | | 1,304,988 | 0.340 % |
| f Health professions education (from Worksheet 5) | | 1,258 | 3,437,690 | | 3,437,690 | 0.910 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 541,397 | | 541,397 | 0.140 % |
| j Total. Other Benefits | | 1,258 | 5,284,075 | | 5,284,075 | 1.390 % |
| k Total. Add lines 7d and 7j | | 1,258 | 331,804,892 | 275,892,935 | 55,911,957 | 14.750 % |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|-----------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 7,943,158 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 1,064,218 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | | |
|---|--|--------------------------------|--|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 54,029,705 | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 61,091,032 | |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -7,061,327 | |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: | | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other | |

Section C. Collection Practices

| | | | |
|--|-----------|-----|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | Yes | |

Part IV Management Companies and Joint Ventures

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
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Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
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Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
VALLEY PRESBYTERIAN HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

| | Yes | No |
|---|------------|-----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | No |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, PAGE 8</u> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | | |
|---|--|----|-----|----|
| VALLEY PRESBYTERIAN HOSPITAL | | | | |
| Name of hospital facility or letter of facility reporting group | | | Yes | No |
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 350.000000000000% and FPG family income limit for eligibility for discounted care of 350.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 13 | Yes | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 15 | Yes | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div> | 16 | Yes | |

Part V Facility Information (continued)**Billing and Collections**

VALLEY PRESBYTERIAN HOSPITAL

Name of hospital facility or letter of facility reporting group

| | Yes | No |
|---|---------------|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 Yes | |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input checked="" type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): | | |
| a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | |
|--|---------------|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 Yes | |
| If "No," indicate why: | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

VALLEY PRESBYTERIAN HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

| Name and address | Type of Facility (describe) |
|---|-------------------------------|
| 1 1 - VALLEY HIP & KNEE INSTITUTE 5525 ETIWANDA AVENUE SUITE 324 TARZANA, CA 91356 | OUTPATIENT CARE CENTER |
| 2 2 - THE PERINATAL CENTER 15243 VANOWEN STREET SUITE 502 VAN NUYS, CA 91405 | PERINATAL OUTPATIENT SERVICES |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| PART I, LINE 7: | THE ORGANIZATION IS UTILIZING A COST-TO-CHARGE RATIO (ARRIVED AT USING WORKSHEET 2 "RATIO OF PATIENT CARE COST-TO-CHARGES" IN THE SCHEDULE H INSTRUCTIONS) TO DETERMINE AMOUNTS WITHIN SCHEDULE H, PART I, LINES 7A, 7B, AND 7C; AMOUNTS REPORTED ON LINE 7E, 7F, AND 7I WERE ARRIVED AT UTILIZING COST ACCOUNTING METHODOLOGY. |
| PART II, COMMUNITY BUILDING ACTIVITIES: | THE ORGANIZATION WAS NOT ABLE TO QUANTIFY COMMUNITY BUILDING ACTIVITIES ON SCHEDULE H, PART II AS THE MAJORITY OF THESE ACTIVITIES INVOLVE STAFF TIME. HOWEVER, A SUMMARY OF THESE COMMUNITY BUILDING ACTIVITIES ARE OUTLINED BELOW: ECONOMIC DEVELOPMENT:THE HOSPITAL PARTICIPATED IN MANY LOCAL ECONOMIC DEVELOPMENT ACTIVITIES IN THE COMMUNITY BY WORKING WITH A NUMBER OF ORGANIZATIONS THAT ASSIST SMALL BUSINESS DEVELOPMENT IN NEIGHBORHOODS WITH VULNERABLE POPULATIONS AND CREATE NEW EMPLOYMENT OPPORTUNITIES IN AREAS WITH HIGH RATES OF JOBLESSNESS. IN ADDITION TO SUPPORTING ECONOMIC DEVELOPMENT THROUGH A COMMITMENT OF LEADERSHIP TIME, THE HOSPITAL DONATED FUNDS TO SUPPORT DEVELOPMENT INITIATIVES.COMMUNITY SUPPORT:HOSPITAL LEADERSHIP STAFF SUPPORTED COMMUNITY ORGANIZATIONS THROUGH PARTICIPATION ON COALITIONS, COMMUNITY BOARDS, COMMITTEES AND NETWORKS OF AGENCIES ADDRESSING COMMON ISSUES. EMPLOYEES ARE ALSO SUPPORTED BY THE HOSPITAL TO ENGAGE IN PLANNING, EDUCATION PRESENTATIONS, CONSORTIA, SUMMITS, AND MEETINGS WITH COMMUNITY GROUPS.COALITITON BUILDING AND ADVOCACY:HOSPITAL REPRESENTATIVES SERVED ON A NUMBER OF COMMUNITY COMMITTEES AND BOARDS THAT ADDRESS HEALTH IMPROVEMENT AND COMMUNITY DEVELOPMENT. VPH ENGAGED IN ADVOCACY EFFORTS THAT SUPPORTED ACCESS TO HEALTH CARE.WORKFORCE DEVELOPMENT:VPH KNOWS THE IMPORTANCE OF CONNECTING WITH THE WORKFORCE OF THE FUTURE. THE HOSPITAL PARTICIPATED IN THE GRANADA HILLS CHARTER HIGH SCHOOL CAREER DAY AND THE BIRMINGHAM HIGH SCHOOL CAREER DAY TO PROVIDE INFORMATION ON HEALTH CARE CAREERS. STUDENTS FROM THESE HIGH SCHOOLS LISTENED TO PANEL DISCUSSIONS FROM A VARIETY OF CLINICAL AND NON-CLINICAL LEADERS DISCUSSING THEIR EDUCATIONAL BACKGROUNDS, THEIR PERSONAL JOURNEYS THROUGH HEALTH CARE AND AN ACCOUNT OF WHAT A TYPICAL DAY ON THE JOB ENTAILS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 2: | IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. |
| PART III, LINE 3: | THE AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSES ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FAP WAS ESTIMATED UTILIZING RECORD REVIEWS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4: | THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DOES NOT CONTAIN A SEPARATE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE. THE FOOTNOTE THAT ADDRESSES "PATIENT ACCOUNTS RECEIVABLE" CAN BE FOUND ON PAGE 9 OF THE AUDITED FINANCIAL STATEMENTS; THE FOOTNOTE THAT ADDRESSES "ALLOWANCE FOR DOUBTFUL ACCOUNTS" CAN BE FOUND ON PAGE 14 OF THE AUDITED FINANCIAL STATEMENTS. |
| PART III, LINE 8: | THE COSTING METHODOLOGY WAS BASED ON THE 2019 MEDICARE COST REPORT COST TO CHARGE RATIO. IT IS THE HOSPITAL'S BELIEF THAT THE SHORTFALL REFLECTED ON PART III, LINE 7 SHOULD BE CONSIDERED A COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN THE HOSPITAL'S COMMUNITY. THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENFICIARIES. CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES. MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 9B: | <p>THE HOSPITAL INITIALLY MAKES ALL REASONABLE EFFORTS TO OBTAIN FROM THE PATIENT OR HIS OR HER REPRESENTATIVE INFORMATION ABOUT WHETHER PRIVATE OR PUBLIC HEALTH INSURANCE OR SPONSORSHIP MAY FULLY OR PARTIALLY COVER THE CHARGES FOR CARE RENDERED BY THE HOSPITAL TO A PATIENT. ONCE ALL INSURERS HAVE ISSUED PAYMENT, AND THE ACCOUNT HAS BEEN REVIEWED BY A CLAIMS ADJUSTER, ANY REMAINING BALANCE IS OWED BY THE PATIENT. WHEN THE HOSPITAL IS NOT ABLE TO COLLECT OUTSTANDING PAYMENTS FROM A PATIENT OR AN INSURER THROUGH ITS OWN REASONABLE EFFORTS, IT MAY WORK WITH AN OUTSIDE COLLECTION AGENCY TO ASSIST IN OUTSTANDING PAYMENTS. FOR ANY PATIENT THAT IS UNINSURED OR HAS HIGH MEDICAL COSTS, AS DISCUSSED IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE COLLECTION AGENCY OR ANY OTHER AGENT OF THE HOSPITAL SHALL NOT REPORT ADVERSE INFORMATION TO A CREDIT REPORTING AGENCY OR TAKE ANY LEGAL ACTION AGAINST THE PATIENT FOR NONPAYMENT LESS THAN 150 DAYS AFTER THE PATIENT WAS FIRST BILLED. THIS TIMELINE WILL BE EXTENDED IF THE PATIENT HAS APPEALED THE BILL AND THE APPEAL IS PENDING. THE HOSPITAL, COLLECTION AGENCY, OR ANY OTHER AFFILIATE OF THE HOSPITAL CANNOT USE WAGE GARNISHMENTS OR LIEN ON PERSONAL RESIDENCES AS A MEANS OF COLLECTIONS. ALTERNATIVELY, PATIENTS WHO ARE UNABLE TO PAY THEIR BALANCE IN FULL ARE GIVEN THE OPPORTUNITY TO MAKE MONTHLY PAYMENTS BASED ON THE BALANCE OWED WITH NO INTEREST. THE COLLECTIONS VENDOR WILL MAKE EVERY ATTEMPT TO HAVE THE ACCOUNT PAID IN FULL WITHIN THREE MONTHS FOR ACCOUNTS WITH SMALLER BALANCES, AND 12 MONTHS FOR ACCOUNTS WITH LARGER BALANCES. IF THE PATIENT AND THE COLLECTIONS VENDOR CANNOT AGREE ON A PAYMENT PLAN THE HOSPITAL SHALL CREATE A REASONABLE PAYMENT PLAN, CONSISTING OF MONTHLY PAYMENTS NOT MORE THAN 10% OF THE PATIENT'S FAMILY MONTHLY INCOME, EXCLUDING MONEY SPENT ON ESSENTIAL LIVING EXPENSES.</p> |
| PART VI, LINE 2: | <p>TO DETERMINE IF A HEALTH ISSUE MENTIONED DURING THE PRIMARY OR SECONDARY DATA GATHERING PROCESS OF THE CHNA COULD BE LABELED A HEALTH NEED FOR THE HOSPITAL'S SERVICE AREA, A SET OF CRITERIA WAS DEVELOPED AND APPLIED. IF A HEALTH ISSUE MET ONE OR MORE OF THE FOLLOWING CRITERIA, IT WAS INITIALLY DETERMINED TO BE A PRELIMINARY HEALTH NEED: (I) IF THE HEALTH INDICATOR EXCEEDED COUNTY OR STATE BENCHMARK STANDARDS; (II) IF THE HEALTH INDICATOR SHOWED A TREND OF GETTING WORSE OVER TIME; (III) A HEALTH NEED SHOWED AN INCREASE IN MORBIDITY OR THE MORBIDITY RATES ARE HIGHER FOR THE SERVICE AREA; AND (IV) IF THE HEALTH NEED WAS IDENTIFIED BY THE COMMUNITY. AFTER THE CRITERIA WAS APPLIED TO THE HEALTH ISSUES IDENTIFIED THROUGH PRIMARY AND SECONDARY DATA PROCESS, THE HIGHEST SCORING HEALTH ISSUES WERE CATEGORIZED AS PRELIMINARY HEALTH NEEDS AND MOVED TO THE COMMUNITY PRIORITIZATION PROCESS, WHERE COMMUNITY MEMBERS, BUSINESS LEADERS, HEALTH PROFESSIONALS, AND VPH STAFF MEMBERS PRIORITIZED THE LIST OF 20 HEALTH NEEDS. PLEASE SEE THE NARRATIVE FOR SCHEDULE H, PART V, LINE 5 IN REGARDS TO HOW THE ORGANIZATION ASSESSED THE HEALTH NEEDS FROM THE BROADER COMMUNITY. PLEASE ALSO SEE THE NARRATIVE FOR SCHEDULE H, PART V, LINE 11 FOR A LIST OF THE ENTIRE 20 HEALTH NEEDS IDENTIFIED.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 3: | THE HOSPITAL DISTRIBUTES A PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE POLICIES AND OFFERS A CONFIDENTIAL APPLICATION FOR CHARITY CARE OR DISCOUNTED CARE PRIOR TO DISCHARGE. THE HOSPITAL ALSO DISTRIBUTES A WRITTEN NOTICE ABOUT THE AVAILABILITY OF THE HOSPITAL'S DISCOUNT PAYMENT AND CHARITY CARE POLICIES, ELIGIBILITY, AND CONTACT INFORMATION FOR A HOSPITAL EMPLOYEE WHO CAN PROVIDE FURTHER INFORMATION ABOUT THESE POLICIES.INFORMATION ABOUT FINANCIAL ASSISTANCE IS ALSO DISSEMINATED AND MADE WIDELY AVAILABLE THROUGH VARIOUS MEANS INCLUDING: (I) MAKING PAPER COPIES AVAILABLE IN PERSON OR BY MAIL UPON REQUEST AND WITHOUT CHARGE; (II) INFORMING AND NOTIFYING VISITORS THROUGH CONSPICUOUS PUBLIC DISPLAY, INCLUDING POSTING NOTICES IN AREAS SUCH AS THE EMERGENCY DEPARTMENT, BILLING OFFICE, ADMISSIONS OFFICE, AND OTHER OUTPATIENT SETTINGS; (III) INFORMING AND NOTIFYING THE COMMUNITY, SUCH AS BY DISTRIBUTING AN INFORMATION SHEET OR SUMMARY OF THE CHARITY CARE POLICY TO LOCAL PUBLIC AGENCIES AND NONPROFIT ORGANIZATIONS; AND (IV) MAKING AVAILABLE ON THE HOSPITALS'S WEB SITE THE CHARITY CARE POLICY AND A PLAIN LANGUAGE SUMMARY OF THE CHARITY CARE POLICY, AND THE CONFIDENTIAL APPLICATION FORM.ADDITIONALLY, FOR UNINSURED PATIENTS, THE PATIENT WILL BE PROVIDED AN ESTIMATE FOR THE PATIENT FINANCIAL RESPONSIBILITY THAT WILL BE DUE FOR THE TESTS/PROCEDURES TO BE PROVIDED OR, IN THE CASE OF AN INPATIENT ADMISSION, FOR THE ESTIMATED LENGTH OF STAY BASED UPON THEIR PRIMARY DIAGNOSIS. IF THE PATIENT IS UNABLE TO PAY THE ESTIMATE IN FULL OR MAKE PAYMENT ARRANGEMENTS, THE PATIENT WILL BE REFERRED TO FINANCIAL COUNSELING FOR A MEDI-CAL ELIGIBILITY SCREENING BASED ON THE PATIENT'S CONFIDENTIAL FINANCIAL INFORMATION. |
| PART VI, LINE 4: | VALLEY PRESBYTERIAN HOSPITAL RESIDES IN THE HEART OF THE SAN FERNANDOVALLEY. THE HOSPITAL SERVICE AREA INCLUDES HIGHER INCOME ANDMIDDLE-CLASS HOUSEHOLDS ADJACENT TO POCKETS OF EXTREMEPOVERTY AND ETHNIC DIVERSITY. VALLEY PRESBYTERIAN HOSPITAL'SPRIMARY SERVICE AREA INCLUDES: CANOGA PARK, GRANADA HILLS,NORTH HILLS, NORTH HOLLYWOOD, PACOIMA, PANORAMA CITY,RESEDA, SAN FERNANDO, SHERMAN OAKS, SUN VALLEY, SYLMAR,VAN NUYS AND WINNETKA IN LOS ANGELES COUNTY. THESECOMMUNITIES ARE LOCATED IN LOS ANGELES COUNTY SERVICEPLANNING AREA 2 (SPA 2). THE COMMUNITIES THAT VALLEYPRESBYTERIAN HOSPITAL SERVES HAVE DIVERSE GEOGRAPHY ANDTOPOGRAPHY, VARY ACROSS LEVELS OF SOCIOECONOMIC STATUS ANDEDUCATIONAL ATTAINMENT LEVELS, AND EXPERIENCE DIFFERENCES INPHYSICAL ENVIRONMENT AND OVERALL ACCESS TO REQUIRED HEALTHSERVICES.AT THE TIME OF THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT,THE POPULATION IN THE SERVICE AREA WAS 877,760. IN THE PRIMARYSERVICE AREA, ADULTS (AGES 18-64) MAKE UP 65.6% OF THEPOPULATION. CHILDREN AND YOUTH (AGES 0-17) MAKE UP24.2% OF THE POPULATION WHILE 10.2% OF THE POPULATION ARESENIOR ADULTS, 65 YEARS OF AGE AND OLDER. OVER HALF OF THESERVICE AREA POPULATION (62.2%) IS COMPRISED OF HISPANICS ORLATINOS. WHITES MAKE UP 22.7% OF THE POPULATION. ASIANSCOMPARE 9.1% OF THE POPULATION AND AFRICAN AMERICANS ARE3.7% OF THE POPULATION. NATIVE AMERICANS, HAWAIIANS, AND OTHERRACES ARE A COMBINED TOTAL OF 2.3% OF THE POPULATION. IN THESERVICE AREA, 29.1% OF THE ADULT POPULATION HAS LESS THAN A HIGHSCHOOL DIPLOMA. THE MEDIAN HOUSEHOLD INCOME IN THE SERVICE AREARANGES FROM \$39,095 IN VAN NUYS 91402 TO \$63,895 IN SYLMAR.AMONG THE RESIDENTS REPRESENTED IN THE HOSPITAL SERVICE AREA, 21%OF HOUSEHOLDS HAVE INCOMES <100% OF THE FEDERAL POVERTY LEVEL.AMONG SPA 2 CHILDREN, AGES 0 TO 17, 97.6% ARE INSURED. 88.4% OFADULTS IN SPA 2 HAVE INSURANCE COVERAGE. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 5: | ADDITIONAL INFORMATION DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES FURTHER ITS EXEMPT PURPOSE INCLUDES: (I) THAT THE MAJORITY OF VPH'S BOARD MEMBERS ARE UNPAID COMMUNITY MEMBERS WHO RESIDE IN THE HOSPITAL SERVICE AREA; AND (II) ANY SURPLUS FUNDS ARE REINVESTED INTO THE ORGANIZATION TO FURTHER SUPPORT THE COMMUNITY. |
| PART VI, LINE 6: | N/A |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|-------------|
| PART VI, LINE 7, REPORTS FILED WITH STATES | CA |

Additional Data

Software ID:

Software Version:

EIN: 95-1945832

Name: VALLEY PRESBYTERIAN HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | VALLEY PRESBYTERIAN HOSPITAL 15107 VANOWEN STREET VAN NUYS, CA 91405 WWW.VALLEYPRES.ORG 930000170 | X | X | | | | | X | | | |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|------------------------------|---|
| VALLEY PRESBYTERIAN HOSPITAL | PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT INCORPORATED DEMOGRAPHIC AND HEALTH DATA FOR THE COMMUNITIES SERVED BY THE HOSPITAL. PUBLIC COMMENT WAS ALSO SOLICITED FOR THE PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT. SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED FROM ISSUES SUPPORTED BY PRIMARY AND SECONDARY DATA SOURCES GATHERED FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE NEEDS WERE INDICATED BY SECONDARY DATA SOURCES, KEY INFORMANT INTERVIEWS, FOCUS GROUPS AND COMMUNITY SURVEYS. HEALTH INDICATORS WERE CONSIDERED HIGH-RISK HEALTH NEEDS WHEN THEY EXCEEDED BENCHMARK DATA, SPECIFICALLY COUNTY OR STATE RATES OR HEALTHY PEOPLE 2020 OBJECTIVES. HEALTH NEEDS IMPACTING ONE OR MORE ETHNIC GROUP WERE ALSO INCLUDED ON THE LIST OF HIGH-RISK HEALTH NEEDS. |
| VALLEY PRESBYTERIAN HOSPITAL | PART V, SECTION B, LINE 11: IN 2018, VALLEY PRESBYTERIAN HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO COMPLY WITH FEDERAL AND STATE REGULATIONS GUIDING TAX-EXEMPT HOSPITALS. SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED FROM SECONDARY DATA SOURCES AND KEY INFORMANT INTERVIEWS. HEALTH INDICATORS WERE CONSIDERED HIGH-RISK HEALTH NEEDS WHEN THEY EXCEEDED BENCHMARK DATA, SPECIFICALLY COUNTY OR STATE RATES OR HEALTHY PEOPLE 2020 OBJECTIVES. TO OBTAIN INPUT ON THE PRIORITY HEALTH NEEDS THE HOSPITAL WILL ADDRESS, VPH CONDUCTED PATIENT SURVEYS, MET WITH INTERNAL STAKEHOLDERS, AND DISCUSSED PARTNERSHIP OPPORTUNITIES WITH COLLABORATIVE PARTNERS. VPH WILL ADDRESS THE FOLLOWING HEALTH NEEDS THROUGH A COMMITMENT OF COMMUNITY BENEFIT PROGRAMS AND CHARITABLE RESOURCES: ACCESS TO CARE: INCREASE ACCESS TO HEALTH CARE AND IMPROVE COMMUNITY HEALTH THROUGH PREVENTIVE PRACTICES. DIABETES: REDUCE THE IMPACT OF DIABETES ON HEALTH AND INCREASE FOCUS ON PREVENTION, EDUCATION AND TREATMENT. MENTAL HEALTH: INCREASE ACCESS TO MENTAL HEALTH RESOURCES AND SERVICES. TAKING EXISTING HOSPITAL AND COMMUNITY RESOURCES INTO CONSIDERATION, VPH WILL NOT DIRECTLY ADDRESS THE REMAINING HEALTH NEEDS IDENTIFIED IN THE CHNA INCLUDING: ALZHEIMER'S DISEASE, BIRTH INDICATORS, COMMUNITY SAFETY AND VIOLENCE PREVENTION, DENTAL CARE, ECONOMIC INSECURITY, EDUCATION AND HEALTH LITERACY, HOUSING AND HOMELESSNESS, AND OVERWEIGHT AND OBESITY. SINCE VPH CANNOT ADDRESS ALL THE HEALTH NEEDS PRESENT IN THE COMMUNITY, IT WILL CONCENTRATE ON THOSE HEALTH NEEDS THAT IT CAN MOST EFFECTIVELY ADDRESS GIVEN AREAS OF FOCUS AND EXPERTISE. THEREFORE, THE HOSPITAL'S CHARITABLE RESOURCES WILL BE DEDICATED TO THE SELECTED PRIORITY HEALTH NEEDS. |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------------|---|
| VALLEY PRESBYTERIAN HOSPITAL | PART V, SECTION B, LINE 16J: OTHER MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY WITHIN THE COMMUNITY SERVED IS THROUGH FINANCIAL COUNSELING IF IDENTIFIED AS UNDERINSURED. |
| PART V, LINE 7A, CHNA WEBSITE: | HTTPS://WWW.VALLEYPRES.ORG/COMMUNITY/COMMUNITY-BENEFIT.ASPX |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------------|---|
| PART V, LINE 10A, IS WEBSITE: | HTTPS://WWW.VALLEYPRES.ORG/COMMUNITY/COMMUNITY-BENEFIT.ASPX |
| PART V, LINE 16A, FAP WEBSITE: | HTTPS://WWW.VALLEYPRES.ORG/FOR-PATIENTS/BILLING-INSURANCE-PAYMENT/BILLING-PAYMENT/CHARITY-CARE-FINANCIAL-ASSISTANCE.ASPX |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| PART V, LINE 16B, FAP APPLICATION WEBSITE: | HTTPS://WWW.VALLEYPRES.ORG/FOR-PATIENTS/BILLING-INSURANCE-PAYMENT/BILLING-PAYMENT/CHARITY-CARE-FINANCIAL-ASSISTANCE.ASPX |
| PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE: | HTTPS://WWW.VALLEYPRES.ORG/FOR-PATIENTS/BILLING-INSURANCE-PAYMENT/BILLING-PAYMENT/CHARITY-CARE-FINANCIAL-ASSISTANCE.ASPX |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
VALLEY PRESBYTERIAN HOSPITAL

Employer identification number
95-1945832

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11
- 3 Enter total number of other organizations listed in the line 1 table 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | THE HOSPITAL GIVES GRANTS TO NONPROFIT ORGANIZATIONS THAT ARE EITHER IN THE HEALTHCARE SPACE OR VITAL TO THEIR COMMUNITY. THE HOSPITAL PROVIDES OVERSIGHT TO ENSURE THAT ANY RESTRICTED GRANT FUNDS ARE USED ACCORDING TO THE RESTRICTIONS, IF APPLICABLE. |

Additional Data

Software ID:
Software Version:
EIN: 95-1945832
Name: VALLEY PRESBYTERIAN HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| EISNER HEALTH 1530 OLIVE ST LOS ANGELES, CA 90015 | 95-1690966 | 501(C)(3) | 55,000 | | | | HEALTHY NUTRITION PROGRAM |
| NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVE SAN FERNANDO, CA 91340 | 23-7120632 | 501(C)(3) | 45,000 | | | | PROPELLER HEALTH & DIABETES CARE COORDINATOR |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE NORTH HOLLYWOOD, CA 91605 | 23-7050082 | 501(C)(3) | 26,000 | | | | OBESITY CLINICAL INTERVENTION PROGRAM |
| MEND 10641 N SAN FERNANDO RD PACOIMA, CA 91331 | 23-7306337 | 501(C)(3) | 20,000 | | | | HEALTHY NUTRITION PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MID VALLEY FAMILY YMCA 6901 LENNOX AVE VAN NUYS, CA 91405 | 95-1644052 | 501(C)(3) | 12,942 | | | | GENERAL SUPPORT |
| OVARIAN CANCER COALITION PO BOX 40035 STUDIO CITY, CA 91614 | 95-4840165 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23532 CALABASAS RD SUITE A CALABASAS, CA 91302 | 95-4116679 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| SAN FERNANDO VALLEY MENTAL HEALTH 16360 ROSCOE BLVD 2ND FLR VAN NUYS, CA 91406 | 95-6194487 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TARZANA TREATMENT CENTERS INC 18646 OXNARD ST TARZANA, CA 91356 | 94-2219349 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| ONEGENERATION 17400 VICTORY BLVD VAN NUYS, CA 91406 | 95-4066979 | 501(C)(3) | 5,400 | | | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LOS ANGELES DAILY NEWS PO BOX 4120 WOODLANDS HILLS, CA 91365 | 91-1994648 | | 5,000 | | | | GENERAL SUPPORT |
| THE VALLEY ECONOMIC ALLIANCE 5121 VAN NUYS BLVD 200 SHERMAN OAKS, CA 91403 | 95-4524503 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| | Name of the organization VALLEY PRESBYTERIAN HOSPITAL | Employer identification number 95-1945832 |

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | Yes |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | Yes |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| PART I, LINES 4A-B | SOME EMPLOYEES RECEIVED SEVERANCE PAYMENTS IN 2019, HOWEVER DUE TO THE SEVERANCE AGREEMENT CONFIDENTIALITY, THE AMOUNTS ARE NOT DISCLOSED. SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: THE ORGANIZATION MAINTAINS A 457(F) PLAN AVAILABLE TO CERTAIN EXECUTIVES OF THE ORGANIZATION. DURING THE 2019 CALENDAR YEAR, THE ORGANIZATION MADE THE FOLLOWING CONTRIBUTIONS TO THE PLAN ON BEHALF OF THE FOLLOWING INDIVIDUALS, WHICH IS REPORTED AS "RETIREMENT AND DEFERRED COMPENSATION" ON SCHEDULE J, PART II, COLUMN (C): GUSTAVO VALDESPINO - \$193,872 LORI CARDLE - \$114,647 JEFFREY ALLPORT - \$52,348 LORI BURNELL - \$65,238 JANICE KLOSTERMEIER - \$63,405 CLYDE WESP - \$46,063 DEBORAH GAC - \$46,224 IN ADDITION, LORI CARDLE RECOGNIZED \$338,337, AND LORI BURNELL \$288,556 OF TAXABLE INCOME DUE TO THE VESTING OF THEIR 457(F) PLAN IN 2019, WHICH ARE REPORTED AS "OTHER REPORTABLE COMPENSATION" ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS ON SCHEDULE J, PART II, COLUMN (F), AS THIS AMOUNT (EXCLUDING EARNINGS WITHIN THE PLAN, WHICH MAY HAVE BEEN INCLUDED IN THE VESTED AMOUNT BUT WERE UNABLE TO BE SEPARATED OUT) WAS REPORTED AS DEFERRED COMPENSATION IN A PRIOR YEAR. |
| PART I, LINE 6 | VALLEY PRESBYTERIAN HOSPITAL HAS AN INCENTIVE (BONUS) PLAN AVAILABLE FOR EXECUTIVE TEAM MEMBERS AND HOSPITAL DEPARTMENT DIRECTORS. PAYMENT OF ANY BONUS IS CONTINGENT ON SEVERAL CRITERIA, INCLUDING: EARNINGS BEFORE INTEREST, DEPRECIATION, AND AMORTIZATION (EBIDA); QUALITY; AND PATIENT SATISFACTION SCORES, WHICH ARE BENCHMARKED BY ACHIEVING SPECIFIC MEASURES ON AN ANNUAL BASIS. |

Additional Data

Software ID:
Software Version:
EIN: 95-1945832
Name: VALLEY PRESBYTERIAN HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1GUSTAVO VALDESPINO PRESIDENT AND CEO | (i) | 730,454 | 74,463 | 10,770 | 203,322 | 18,111 | 1,037,120 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1LORI CARDLE SVP AND COO | (i) | 496,496 | 36,153 | 346,047 | 124,097 | 16,105 | 1,018,898 | 338,337 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2LORI L BURNELL SVP AND CNO | (i) | 319,197 | 23,242 | 299,019 | 74,688 | 15,585 | 731,731 | 288,556 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3DEBORAH GAC VP, HUMAN RESOURCES | (i) | 124,356 | 16,378 | 387,812 | 55,674 | 3,796 | 588,016 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4CLYDE WESP SVP AND CMO | (i) | 375,874 | 19,033 | 12,043 | 46,063 | 16,105 | 469,118 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5JANICE KLOSTERMEIER SVP OF FINANCE & CFO | (i) | 350,106 | 25,492 | 9,222 | 63,405 | 16,105 | 464,330 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6JEFFREY ALLPORT VP AND CIO | (i) | 281,486 | 16,397 | 13,678 | 61,798 | 16,105 | 389,464 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7MARY RIEDINGER DIRECTOR, EDUCATION DEPT | (i) | 201,981 | 5,964 | 67,433 | 7,683 | 17,105 | 300,166 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8GWENDOLYN CHAMBERS INTERIM VP, HUMAN RESOURCES | (i) | 296,400 | 0 | 0 | 0 | 0 | 296,400 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9STARR K WILLIAMS III PHARMACIST | (i) | 228,581 | 169 | 16,424 | 12,150 | 8,453 | 265,777 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10TAIWO M FANU RN | (i) | 221,580 | 777 | 0 | 7,630 | 10,884 | 240,871 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11RYAN DALLAS DIRECTOR, MATERIALS MANAGEMENT | (i) | 215,493 | 9,408 | 600 | 7,549 | 6,898 | 239,948 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12TOM KIM DIRECTOR, ACCOUNTING DEPT. | (i) | 209,664 | 6,014 | 600 | 0 | 23,034 | 239,312 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
VALLEY PRESBYTERIAN HOSPITAL

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

95-1945832

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PAGE 1, PRIOR YEAR COLUMN: | VALLEY PRESBYTERIAN HOSPITAL ("VPH") REPORTED A CHANGE IN ACCOUNTING PERIOD DURING 2018 AND AS SUCH FILED A TWO-MONTH STUB PERIOD FORM 990, FOR THE PERIOD ENDING NOVEMBER 1, 2018 TO DECEMBER 31, 2018. PRIOR YEAR COLUMN (LINES 8-19) ON PAGE 1 OF THE 12/31/19 FORM 990 REPORTS THIS TWO-MONTH STUB PERIOD AS PER THE IRS INSTRUCTIONS, WHEREAS THE CURRENT YEAR COLUMN (LINES 8-19) ON PAGE 1 OF THE 12/31/19 FORM 990 REPORTS FULL CALENDAR YEAR 2019 ACTIVITY OF VPH. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART III, LINE 4A: | <p>VALLEY PRESBYTERIAN HOSPITAL IS ONE OF THE LARGEST AND MOST PRESTIGIOUS FULL-SERVICE, ACUTE CARE FACILITIES IN THE SAN FERNANDO VALLEY. THE 350-BED HOSPITAL SERVES THOUSANDS OF FAMILIES EACH YEAR, WITH ACCESS TO A WIDE RANGE OF MEDICAL EXPERTISE AND LEADING-EDGE TECHNOLOGY ACROSS ALL ELEMENTS OF CARE. KEY HOSPITAL MEDICAL SERVICES AND PROGRAM SERVICE ACCOMPLISHMENTS IN JANUARY 19 - DECEMBER 19 INCLUDE: EMERGENCY SERVICES: THE HOSPITAL'S EMERGENCY SERVICES DEPARTMENT PLAYS A CRITICAL ROLE IN SERVING THE COMMUNITY AND HAS SEVERAL DESIGNATIONS THAT DEMONSTRATE COMMITMENT TO EXCELLENT CARE. AS A CERTIFIED CARDIAC RECEIVING CENTER FOR HEART ATTACK PATIENTS, HEART SPECIALISTS COLLABORATE TO PROVIDE CRITICAL CARE WITHIN THE FIRST 90 MINUTES OF CHEST PAIN. IN ADDITION, THE HOSPITAL IS A CERTIFIED STROKE CENTER BASED ON ITS RESPONSE TO CRITICAL PATIENT CONDITIONS. THE HOSPITAL HAS A DEDICATED STROKE-FOCUSED PROGRAM STAFFED BY MEDICAL PROFESSIONALS WHO ARE SPECIALLY TRAINED IN STROKE CARE AND WHO USE ADVANCED TECHNIQUES TO ACT QUICKLY. IN 2017 VALLEY PRESBYTERIAN HOSPITAL WAS DESIGNATED A PEDIATRIC MEDICAL CENTER (PMC), RECOGNIZED BY THE COUNTY OF LOS ANGELES, WHICH ALLOWS OUR TEAM OF PEDIATRIC SPECIALISTS TO TREAT AND HANDLE A HIGHER LEVEL OF CARE NEEDED FOR OUR PEDIATRIC PATIENTS IN OUR PEDIATRIC INTENSIVE CARE UNIT (PICU). WE ARE ONE OF ONLY THREE HOSPITALS THAT HOLD THE PMC DESIGNATION IN THE SAN FERNANDO VALLEY. THE EMERGENCY DEPARTMENT HAS UNDERGONE A THREE-YEAR CONSTRUCTION PROJECT, WHICH WAS COMPLETED IN JAN 2019. IN JAN 2019 TO DEC 2019, 68,448 PATIENTS VISITED THE EMERGENCY SERVICES DEPARTMENT ; AMONG THE LARGEST NUMBER OF PATIENTS ENTERING EMERGENCY SERVICES DEPARTMENTS IN THE REGION. MATERNITY SERVICES: THE BRANDED "LITTLE TREASURES" MATERNITY PROGRAM IS WELL KNOWN AMONG FAMILIES IN THE REGION. DURING JANUARY 19 TO DECEMBER 19, 2,718 BABIES WERE BORN AT VPH . SHOULD A NEED ARISE, A PHYSICIAN IS AVAILABLE 24/7 TO HANDLE PATIENT EMERGENCIES. THE HOSPITAL'S PERINATAL CENTER SERVES WOMEN WITH HIGH-RISK PREGNANCIES AND OFFERS "NON-STRESS" ULTRASOUNDS, FETAL ECHOCARDIOGRAM SERVICES AS WELL AS HIGH-RISK INFANT FOLLOW UP SERVICES. REHABILITATION SERVICES: VALLEY PRESBYTERIAN HOSPITAL OFFERS A FULL RANGE OF REHABILITATION SERVICES. OUR PHYSICIANS, NURSES, THERAPISTS AND SPECIALISTS WORK TOGETHER TO PROVIDE PERSONALIZED TREATMENT PLANS. WE OFFER PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND REHABILITATION SERVICES IN OUR WELL-EQUIPPED REHABILITATION CENTER. CHILDREN'S SERVICES: THE HOSPITAL PROVIDES COMPASSIONATE AND SPECIALIZED PEDIATRIC CARE FOR SICK OR INJURED CHILDREN. VPH HAS A 25-BED PEDIATRIC CARE CENTER FOR CHILDREN WITH SERIOUS CONDITIONS. ADDITIONALLY, THE HOSPITAL HAS A 10-BED PEDIATRIC INTENSIVE CARE UNIT (PICU) AND A 32-BED , LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) FOR CRITICALLY ILL NEWBORNS. IN 2016, VPH ACHIEVED THE PEDIATRIC MEDICAL CENTER DESIGNATION.SURGERY SERVICES: THE HOSPITAL PROVIDES A BROAD RANGE OF SURGICAL SERVICES.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART III, LINE 4A: | <p>ICES REPRESENTING A WIDE RANGE OF SPECIALTY AREAS. IN JAN 2019 TO DEC 2019, 7,583 SURGERIE S WERE PERFORMED. PHYSICIANS AND SURGICAL STAFF HAVE THE TOOLS AND ADVANCED TECHNOLOGY NEE DED TO PERFORM A FULL RANGE OF SURGICAL PROCEDURES AND TO DELIVER THE HIGHEST QUALITY OF C ARE. MANY PROCEDURES INVOLVE MINIMALLY INVASIVE TECHNIQUES, WHICH CAN MINIMIZE PAIN AND SP EED RECOVERY TIME. HEART & VASCULAR SERVICES: VALLEY PRESBYTERIAN HOSPITAL OFFERS A FULL R ANGE OF CARDIAC SERVICES TO QUICKLY AND ACCURATELY DIAGNOSE AND TREAT PATIENTS SUFFERING F ROM CRITICAL HEART AND VASCULAR CONDITIONS. THE EXPERT MULTIDISCIPLINARY MEDICAL TEAM IS D EDICATED TO ACTING QUICKLY AND SAVING PATIENTS' LIVES. THE FRITZ B. BURNS VALLEY CARDIAC C ATHETERIZATION LAB IS ONE OF THE AREA'S MOST TECHNOLOGICALLY ADVANCED AND BEST EQUIPPED FA CILITIES. HEPATOBILIARY & PANCREAS CENTER: THE STATE-OF-THE-ART CENTER PROVIDES TREATMENTS TO ADDRESS A WIDE RANGE OF LIVER, BILE DUCT, AND PANCREAS DISORDERS. VALLEY PRESBYTERIAN HOSPITAL OFFERS A HIGHLY SPECIALIZED PROGRAM TO ADDRESS THE NEEDS OF PATIENTS WITH THESE R ARE AND COMPLEX DISORDERS. OUTPATIENT SERVICES: THE HOSPITAL'S OUTPATIENT SERVICES DEPARTM ENTS INCLUDE OUTPATIENT GENERAL AND GASTROINTESTINAL LABORATORIES; RADIOLOGY/IMAGING DEPAR TMENT; AND THERAPY PROGRAMS, INCLUDING OCCUPATIONAL, PHYSICAL, RESPIRATORY, AND NUCLEAR ME DICINE. THE GI LAB WAS RECENTLY UPDATED AND REFURBISHED. AMPUTATION PREVENTION CENTER: THE AMPUTATION PREVENTION CENTER (APC) IS AMONG A FEW FACILITIES NATIONWIDE THAT BRINGS TOGET HER THE INTERDISCIPLINARY EXPERTISE OF VASCULAR AND PODIATRIC SURGEONS, LIMB SALVAGE, AND WOUND MANAGEMENT SPECIALISTS. PATIENTS WITH "AT-RISK" LIMBS RECEIVE INTEGRATED CARE UTILIZ ING THE LATEST EQUIPMENT AND INSTRUMENTS TO PERFORM LIMB-SAVING PROCEDURES.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS COMPLETED BY AN OUTSIDE ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S ACCOUNTING AND FINANCE STAFF. THE CONTROLLER AND THE SVP OF FINANCE & CFO THEN REVIEW THE DRAFT FORM 990, AND APPROPRIATE REVISIONS ARE MADE. THEREAFTER, THE FORM 990 IS REVIEWED WITH THE CEO AND THE BOARD FINANCE COMMITTEE, AND THEN IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | VPH'S BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE OF VPH IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE ATTESTATION. VPH'S COMPLIANCE OFFICER AND CEO REVIEW THESE ATTESTATIONS TO IDENTIFY ANY/ALL CONFLICTS THAT THE ORGANIZATION MUST BE AWARE OF SO THE APPROPRIATE MITIGATIONS CAN BE PUT IN PLACE. SHOULD A BOARD MEMBER, OFFICER, DIRECTOR, AND/OR KEY EMPLOYEE HAVE A CONFLICT WITH ANY ISSUES BEING DISCUSSED OR VOTED ON AT A MEETING OF THE BOARD OF DIRECTORS, THEY WOULD BE ASKED TO RECUSE THEMSELVES FROM THE DISCUSSION AND/OR VOTE ON THE ISSUE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>EXECUTIVE COMPENSATION IS REVIEWED AND PAY ACTIONS ARE RECOMMENDED BY THE COMPENSATION COMMITTEE (WHICH CONSISTS OF BOARD AND NON-BOARD MEMBERS WITH COMPENSATION EXPERIENCE), AND THEN APPROVED BY THE VPH BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTING FIRM AND MAINTAINS AN OBJECTIVE DECISION-MAKING PROCESS, ENSURING CONSISTENCY OF VPH'S EXECUTIVE PROGRAMS WITH THE ORGANIZATION'S EXECUTIVE PAY PHILOSOPHY AND OVERALL MISSION AND VALUES. VPH'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO FULFILL ITS MISSION OF IMPROVING THE QUALITY OF HEALTH IN THE SAN FERNANDO VALLEY AND TO ENSURE ITS FINANCIAL STABILITY. TOTAL COMPENSATION OFFERED TO OUR EXECUTIVES INCLUDES BASE SALARY, INCENTIVE BONUS, AND BENEFITS. THE INCENTIVE BONUS IS BASED ON KEY MEASURABLE SUCCESS INDICATORS APPROVED IN ADVANCE BY THE COMPENSATION COMMITTEE. THESE INDICATORS INCLUDE QUALITY, FINANCIAL, AND PATIENT SATISFACTION GOALS. IN ORDER TO RETAIN OUR KEY EMPLOYEES, WE OFFER A DEFERRED COMPENSATION PLAN WHICH PROVIDES AN ANNUAL BENEFIT (BASED ON A PERCENTAGE OF COMPENSATION) TO BE PAID ON A FUTURE DATE UPON VESTING IN THE PLAN. IN DETERMINING EACH INDIVIDUAL'S COMPENSATION, THE COMMITTEE RELIES ON COMPARABILITY DATA PROVIDED BY OUR INDEPENDENT CONSULTANT AND OBTAINED FROM SEVERAL DATA SOURCES INCLUDING: FORMS 990 OF SELECT COMPARATOR ORGANIZATIONS (28 CALIFORNIA-BASED, SIMILARLY-SIZED NONPROFIT HOSPITALS) AND A NUMBER OF WELL-REGARDED NATIONAL HEALTHCARE SURVEYS.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE HOSPITAL LOCATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART IX, LINE 11G | OTHER FEES FOR SERVICES: PROGRAM SERVICE EXPENSES 20,851,315. MANAGEMENT AND GENERAL EXPENSES 737,496. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 21,588,811. PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 11,035,166. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,035,166. CONSULTING FEES: PROGRAM SERVICE EXPENSES 13,729,390. MANAGEMENT AND GENERAL EXPENSES 1,547,564. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,276,954. OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 177,657. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 177,657. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

| | |
|--|--|
| Name of the organization VALLEY PRESBYTERIAN HOSPITAL | Employer identification number 95-1945832 |
|--|--|

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-----------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) VALLEY PRESBYTERIAN HOSPITAL FOUNDATION 15107 VANOWEN STREET VAN NUYS, CA 91405 90-1119606 | FUNDRAISING SUPPORT FOR VPH | CA | 501(C)(3) | LINE 7 | VALLEY PRESBYTERIAN HOSPITAL | Yes | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|------------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) CHARITABLE REMAINDER TRUST (4) | CHARITABLE GIVING | CA | VPHF | | | | | Yes | |
| (2) VALLEY PRESBYTERIAN SERVICES CORPORATION 15107 VANOWEN STREET VAN NUYS, CA 91405 82-3927685 | MANAGEMENT SERVICE ORGANIZATION | CA | VPH | C | 2,433,176 | 1,267,793 | 100.000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | Yes | |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | | No |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) VALLEY PRESBYTERIAN HOSPITAL FOUNDATION | C | 2,223,445 | BOOK VALUE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |